

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD
2009 OCT 28 AM 8:06

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th Sta. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization) <u>Committee to Elect Gary Nystrom</u>	
IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidates (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue	
CANDIDATE COMMITTEES ONLY:	
Candidate Name <u>Gary Nystrom</u>	Political Party (if applicable) _____
Office Sought <u>Council at Large</u>	District (if Senate or House) _____

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. # _____	_____
Logged In _____	_____
Scanned _____	_____
Computer _____	_____
Audited _____	_____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Lin Kobemus 515-230-6941 10/28/09
SIGNATURE OF PERSON FILING REPORT TELEPHONE DATE SIGNED

I AM FILING A 5 Day Report Prior to Election REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) to Election Indicate by # ☒

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election <u>11-3-09</u>
County & Local Committees, enter County in which Election is held <u>Brock</u>

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)	\$	<u>0</u>
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A) ("also see in-kind below")		<u>2015.00</u>
Schedule F: Loans Received total (Attach Schedule F)		<u>2000.00</u>
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		<u>0</u>
<u>(Schedule H applies to Candidates' Committees Only)</u>		
SUB-TOTAL	\$	<u>4015.00</u>
SUBTRACT TOTAL MONEY SPENT THIS PERIOD		
Schedule B: Expenditures total (Attach Schedule B) ("also see debts and loans below")		<u>2660.47</u>
Schedule F: Loan Repayments total (Attach Schedule F)		<u>0</u>
CASH ON HAND at the end of this reporting period (If final report balance must be zero)	\$	<u>1354.53</u>
**UNPAID BILLS (From Schedule D - Attach Schedule D)	\$	<u>Estimate 350.00</u>
**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	<u>0</u>
**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	<u>2000.00</u>
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	<u>N/A</u>
CANDIDATE COMMITTEES ONLY:		
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$	<u>0</u>
STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.		

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Gary Nystrom

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
9/24/09	ID# CK#	Gary Nystrom 1702 SE Linn Street Boone IA 50036	Candidate	\$ 200 ⁰⁰	<input type="checkbox"/>
9/23/09	ID# CK#	Jan & Jeanette Walczyk 1620 Linn Street Boone IA 50036		150 ⁰⁰	<input type="checkbox"/>
9/23/09	ID# CK#	Lisa Kobernusz 1409 Aldrich Avenue Boone IA 50036		50 ⁰⁰	<input type="checkbox"/>
9/25/09	ID# CK#	Kevin Miles 203 S Cedar Street Boone IA 50036		200 ⁰⁰	<input type="checkbox"/>
9/27/09	ID# CK#	John & Nancy Niemants 803 Holbrook Drive Boone IA 50036		100 ⁰⁰	<input type="checkbox"/>
10/2/09	ID# CK#	Chip & Diana Baltimore 521 S Delaware Street Boone IA 50036		200 ⁰⁰	<input type="checkbox"/>
9/27/09	ID# CK#	Mike Young 1223 Noble Hills Pl Boone IA 50036		80 ⁰⁰	<input type="checkbox"/>
10/7/09	ID# CK#	Jack & Kyung Lee 1005 S Jackson Street Boone IA 50036		100 ⁰⁰	<input type="checkbox"/>
10/13/09	ID# CK#	Steve & Jean Duffy 1028 Aldrich Avenue Boone IA 50036		50 ⁰⁰	<input type="checkbox"/>
10/15/09	ID# CK#	Ricke C. Quinn 1900 High Street Apt 6 Des Moines IA 50036		200 ⁰⁰	<input type="checkbox"/>

SUB-TOTAL

\$1330⁰⁰

TOTAL (if last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Gary Nystrom

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/13/09	ID# CK#	Kelly + Jason Nystrom 724 S Jackson Street Boone IA 50036	Son + Daughter Law	\$ 100 ⁰⁰	<input type="checkbox"/>
10/14/09	ID# CK#	Paul + Nancy Jacobson 203 S Montana Boone IA 50036		50 ⁰⁰	<input type="checkbox"/>
10/15/09	ID# CK#	William + Diane Curran 1322 SE Linn Boone IA 50036		60 ⁰⁰	<input type="checkbox"/>
10/14/09	ID# CK#	Maribeth Waldman 1702 Kate Shelley Drive Boone IA 50036		50 ⁰⁰	<input type="checkbox"/>
10/20/09	ID# CK#	Hans + Pam Boehn 822 S Jackson Street Boone IA 50036		100 ⁰⁰	<input type="checkbox"/>
10/20/09	ID# CK#	Randy + Betty Ann Schmitz 1120 Southview Ct Boone IA 50036		25 ⁰⁰	<input type="checkbox"/>
10/23/09	ID# CK#	Fred Greiner 622 Brookridge Drive Boone IA 50036		100 ⁰⁰	<input type="checkbox"/>
10/27/09	ID# CK#	Kevin + Monica Pearson 1716 SE Linn Street Boone IA 50036		200 ⁰⁰	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$685⁰⁰

TOTAL (If last page of this schedule)

\$2015⁰⁰

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Gary Nystrom

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9/24/09	ID# CK# 106	US Post Office Boone IA 50036	Mailing Ethics Campaign	\$5 ⁵⁴
10/16/09	ID# CK# 107	Chaz Signs + Graphics 1325 XB Place Ames IA 50014	Yard signs	1443 ⁴³
10/26/09	ID# CK# 97	Sunstrom Miller Press 807 Keeler Street Boone IA 50036	Buttons	150 ⁸⁷
10/26/09	ID# CK# 98	Home Office 702 Keeler Street Boone IA 50036	Brochures	865 ⁶³
10/27/09	ID# CK# 108	Boone News Republican 2136 Mamie Eisenhower Boone IA 50036	Advertisement	195 ⁰⁰
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$2660 ⁴⁷
TOTAL (If last page of this schedule)				\$2660 ⁴⁷

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(f).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)
Committee to Elect Gary Nystrom

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period.

Reset Form

SCHEDULE
D
 (Rev. 08/98) INCURRED
 INDEBTEDNESS

☐ CHECK THIS BOX
 IF AMENDING
 FORM

**DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD
 (DO NOT INCLUDE LOANS -- SHOW LOANS ON SCHEDULE F)**

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period, regardless of whether an invoice has been received.

DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
10/25/09	KWBG 724 Story Street Boone, IA 50036	Advertisements "ESTIMATE"	\$ 350.00
SUB-TOTAL			\$ 350.00
TOTAL DEBTS OWED BY COMMITTEE AT THE END OF THIS REPORTING PERIOD			\$ 350.00

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1
 (for Schedule D)

CANDIDATE COMMITTEES NOTE:

"Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Elect Gary Nystrom

RESET

SCHEDULE

F

(Rev. 02/08)

LOANS
RECEIVED
& REPAYED

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0

☐ CHECK THIS BOX IF
AMENDING FORM

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT OF LOAN
10/16/09	Gary Nystrom 1703 SE Winn Street Boone, IA 50036	Candidate	\$ 2000.00

TOTAL (PART I) \$ 2000.00

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YY)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II)

\$ 0

From Schedule E -- TOTAL LOANS FORGIVEN

\$ 0

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ 2000.00

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(for Schedule F)